AUG 0 3 2006	DECLARATION FOR "371" APPLI
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COMBINEDIDECLA	VB60395					
APPLICATION WITH POWER OF ATTORNEY				First Named Inventor: Ralph BIEMANS		
				Complete if known: App No.:		
( ) Declaration submitted with initial			•	Tipp Ito.		
( ) Declaration submitted after initia	l filing (surcharge r	required 37CFR1.16(e))		Filing Date		
				Group Art Unit:		
As below named	d inventor. I here	by declare that:				
My residence, post office	e address and citiz	zenship are as stated belo	ow next to my name.			
I believe I am the origina (if plural names are listed entitled:	l, first and sole in below) of the su	ventor (if only one name bject matter which is cla	e is listed below) or an original, fi imed and for which a patent is so	rst and joint inventor ught on the invention		
		Refolding Me	thod			
the specification of which	h (check only one	item below):				
[ ]is attached hereto. OR						
	The state of the s					
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.						
I acknowledge the duty to	I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.					
I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:						
PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:						
Prior Foreign Application Number (s)	(	Country	Foreign Filing Date (MM/DD/YYYY))	PRIORITY CLAIMED		
1. 0220197.8		GB	30 August 2002	X		
2.						
3.						
<b>4</b> . <b>5</b> .						
I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:						
Application No. Filing Date (MM/DD/YYYY)						
1.						
2.						
3.						

# COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER
VB60395

STATE & ZIP CODE/COUNTRY

Pennsylvania 19406, US

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

	PCT international f	iling date of this app	lication:			,		
PRIO	R U.S. PARENT	APPLICATION	or PCT PARENT	APPLICATION	٧			
				-		STATUS (Check	one)	
U.S.	U.S. Parent Application or PCT Parent Number		Parent Filing Date (MM/DD/YYYY)		PATENTED	PENDING	ABANDONED	
prosecu	R OF ATTORNEY te this application a er Number 23347 a	nd to transact all b	entor, I hereby appoir usiness in the Patent aber 20462	nt the practitioners a and Trademark Office	ssociated with the ce connected there	with		
Addres	s all corresponder	nce and telephon	e calls to Customer	Number 20462		Direct Telephone Ca	lls to:	
	•					610 2	y Sutton 270 6316	
are beli	ieved to be true; a re punishable by f	nd further that th Tine or imprisonn	herein of my own ki ese statements were nent, or both, under nt issuing thereon.	made with the kn	owledge that wi	llful false statement	ormation and belief as and the like so as may jeopardize	
	FULL NAME	FAMILY NAME		FIRST GIVEN NAM	IE	SECOND GIVEN NAME	/INITIAL	
2	OF INVENTOR	BIEMANS		Ralph	Ralph			
	INVENTOR'S	Signature				Date:		
	SIGNATURE			CTATE OF FOREIG	N COUNTRY	COUNTRY OF CITIZEN	SHIP	
0	RESIDENCE &	Rixensart			STATE OR FOREIGN COUNTRY  Belgium		BE	
	CITIZENSHIP POST OFFICE	POST OFFICE ADDR	ESS	CITY		STATE & ZIP CODE/CO	UNTRY	
1	ADDRESS	GlaxoSmithK 709 Swedelan	line	King of Prus	sia	Pennsylvania 19	9406, US	
	FULL NAME	FAMILY NAME		FIRST GIVEN NAME		SECOND GIVEN NAME	ZINITIAL	
2	OF INVENTOR	BOS		Martine	Martine			
	INVENTOR'S SIGNATURE	Signature	ofes			Date:	24 MAY 04	
0	RESIDENCE &	CITY		STATE OR FOREIG	N COUNTRY	COUNTRY OF CITIZENS	SHIP /	
·	CITIZENSHIP	Utrecht		Netherlands		NL		
2	POST OFFICE ADDRESS	FOST OFFICE ADDR GlaxoSmithK 709 Swedelan	line	King of Prus	sia ,	STATE & ZIP CODE/CO Pennsylvania 19		
	FULL NAME	FAMILY NAME		FIRST GIVEN NAM	E	SECOND GIVEN NAME	ZINITIAL	
2	OF INVENTOR	DENOEL		Philippe	Philippe		Date	
	INVENTOR'S SIGNATURE	Signature						
0	RESIDENCE &	CITY		STATE OR FOREIG	STATE OR FOREIGN COUNTRY		SHIP	
ŭ	CITIZENSHIP	Rixensart		Belgium			BE STATE & ZIP CODE/COUNTRY	
	POST OFFICE	POST OFFICE ADDRESS			CITY			
3	ADDRESS	GlaxoSmithK 709 Swedelan		King of Prus	sia	Pennsylvania 19	400, 03	
	FULL NAME	FAMILY NAME		FIRST GIVEN NAM	E	SECOND GIVEN NAME	ZINITIAL	
2	OF INVENTOR	FERON		Christiane			·	
	INVENTOR'S	Signature				Date:		
0	SIGNATURE RESIDENCE &	CITY		STATE OR FOREIG	STATE OR FOREIGN COUNTRY CO		SHIP	
0	CITIZENSHIP	Rixensart		Belgium		BE		

King of Prussia

POST OFFICE ADDRESS

**GlaxoSmithKline** 

709 Swedeland Road

POST OFFICE

**ADDRESS** 

### DECLARATION FOR "371" APPLICATION

		Lavier	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
1	FULL NAME	FAMILY NAME		SECOND GIVEN PARIEDINITIAL
2	OF INVENTOR	GORAJ	Karine	Date:
	INVENTOR'S	Signature		Date.
	SIGNATURE		Lorenza de managemento	COUNTRY OF CITIZENSHIP
0	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY	BE
ŀ	CITIZENSHIP	Rixensart	Belgium	STATE & ZIP CODE/COUNTRY
	POST OFFICE	POST OFFICE ADDRESS	CITY	
5	ADDRESS	GlaxoSmithKline	King of Prussia	Pennsylvania 19406, US
l		709 Swedeland Road		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	POOLMAN	Jan	
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
. •	CITIZENSHIP	Rixensart	Belgium	NL
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
6	ADDRESS	GlaxoSmithKline	King of Prussia	Pennsylvania 19406, US
U	ADDICESS	709 Swedeland Road	,	
	CHILL MANGE	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	FULL NAME	TOMMASSEN	Johannes .	Petrus Maria
2	OF INVENTOR		Journal .	Date:
	INVENTOR'S	Signature		5 iring 2004
	SIGNATURE	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	RESIDENCE &	Utrecht	Netherlands	NL
	CITIZENSHIP	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	POST OFFICE	GlaxoSmithKline	King of Prussia	Pennsylvania 19406, US
7	ADDRESS		King of Frussia	i chinayivama 12400, 00
		709 Swedeland Road		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	WEYNANTS	Vincent	
	INVENTOR'S	Signature		Date
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Rixensart	Belgium	BE
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
8	ADDRESS	GlaxoSmithKline	King of Prussia	Pennsylvania 19406, US
		709 Swedeland Road		
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### DECLARATION FOR "371" APPLICATION

AUG 037	DECLA	ARATION FOR "371" A	APPLICATION .		
COMBINED DECEM				VB60395	DOCKET
APPLICATION WITI	H POWER	OF ATTORNEY	Y	First Named Inv Ralph BIE	
( ) Declaration submitted with initia	l filing or			Complete if App No.:	known:
( ) Declaration submitted after initia	I filing (surcharge	required 37CFR1.16(e))	· •	Filing Date	·
				Group Art U	nit:
As below name	d inventor. I here	eby declare that:		<u> </u>	
My residence, post office	e address and citi	zenship are as stated bel	ow next to my name.		
I believe I am the origina (if plural names are listed entitled:	il, first and sole in the below) of the su	nventor (if only one name bject matter which is cla	e is listed below) or an original, faimed and for which a patent is so	irst and joint in ught on the inv	ventor ention
		Refolding Me	ethod		
the specification of which	h (check only one	item below):			
[ ]is attached hereto.  OR [ x ] was filed on as United States application Serial No or PCT International Application Number PCT/EP03/10085 filed 28 August 2003 and was amended on (MM/DD/YYYY)  (if applicable)					
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.					claims,
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.					
I hereby claim foreign priority ben inventor's certificate or 365(a) of a States of America, listed below an certificate or of any PCT internation	any PCT internati d have also ident onal application b	onal application which o ified below, by checking aving a filing date befor	designated at least one country oth the box, any foreign application to that of the application on which	ner than the Unit for patent or in	ventor's
PRIOR FOREIGN AND ANY P		IMS UNDER 35 U.S.C Country	7. 119: Foreign Filing Date	PRI	IORITY
Number (s)			(MM/DD/YYYY))	CL	AIMED
1. 0220197.8	<u> </u>	GB	30 August 2002		X
2. 3.					
4.					
5.		0.1.0000	IV '- 101 ''	nation (a) line a l	balow
I hereby claim the benefit under T Application No.	itle 35, United St		y United States provisional applice (MM/DD/YYYY)	ation(s) listed (	below.
Application No.	<del></del>	Fining Date			
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#### **DECLARATION FOR "371" APPLICATION**

## COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER
VB60395

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

	is material to pate PCT international	entability as defined filing date of this ap	in 37 C.F.R. §1.56 which t	ecame available betw	reen the filing date	of the prior application(	s) and the national or
PRIO	R U.S. PARENT	APPLICATIO	N or PCT PARENT	APPLICATION	Ī	<del>-</del>	-
						STATUS (Check	one)
U.S	S. Parent Application ( Number	or PCT Parent	Parent Filing Date (MM/DD/YYYY)		PATENTED	PENDING	ABANDONED
prosecu	ite this application and incremental transfer in the second secon	and to transact all	ventor, I hereby appoint business in the Patent ar aber 20462	the practitioners as ad Trademark Office	sociated with the connected them	c Customer Numbers powith	provided below to
Addre	ss all corresponde	nce and telephor	ne calls to Customer	Number <u>20462</u>		Direct Telephone Cal	
T L 1	dl 4b-4 -11		harding C			610 2	y Sutton 70 6316
are bel	ieved to be true; a	and further that the	herein of my own known ese statements were in	nade with the kno	wledge that wi	llful false statement	s and the like so
made a	re punishable by	fine or imprison	nent, or both, under 1	8 U.S.C. 1001, an	d that such wil	Iful false statements	may jeonardize
the val	idity of the applic	ation or any pate	nt issuing thereon.				may jeoparaizo
2	FULL NAME OF INVENTOR	PAMILY NAME BIEMANS		FIRST GIVEN NAME		SECOND GIVEN NAME	INITIAL
-	INVENTOR'S SIGNATURE	NTOR'S Signature			Date: 29 APRIL 2004.		
0	RESIDENCE & CITIZENSHIP	CITY Rixensart		STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP	
	POST OFFICE	POST OFFICE ADDR	IESS	Belgium		BE STATE & ZIP CODE/COU	INTRV
-1	ADDRESS	GlaxoSmithK		King of Prussi	a	Pennsylvania 19	
		709 Swedelan	d Road				
2	FULL NAME OF INVENTOR	FAMILY NAME BOS		FIRST GIVEN NAME Martine		SECOND GIVEN NAME	INITIAL
	INVENTOR'S SIGNATURE	Signature		111111111111111111111111111111111111111		Date:	
0	RESIDENCE &	CTTY		STATE OR FOREIGN	COUNTRY	COUNTRY OF CITIZENS	HIP
	POST OFFICE	Utrecht POST OFFICE ADDR	ESS.	Netherlands	·	NL STATE & ZIP CODE/COU	NTDV
2	ADDRESS	GlaxoSmithK 709 Swedelan	line	King of Prussi	a	Pennsylvania 194	
	FULL NAME	FAMILY NAME	2 1000	FIRST GIVEN NAME		SECOND GIVEN NAME/	NITIAL
2	OF INVENTOR	DENOEL Signature		Philippe			
	INVENTOR'S SIGNATURE	0,4				Date 3/05/20	<b>2</b> 4
0	RESIDENCE &	CITY		STATE OR FOREIGN	COUNTRY	COUNTRY OF CITIZENSE	
	CITIZENSHIP POST OFFICE	Rixensart POST OFFICE ADDR	566	Belgium		BE STATE & ZIP CODE/COUNTRY	
3	ADDRESS	GlaxoSmithK		King of Prussia	a	Pennsylvania 19406, US	
		709 Swedeland				201103111111111111111111111111111111111	
	FULL NAME			PIRST GIVEN NAME		SECOND GIVEN NAME/I	NITIAL
2	OF INVENTOR INVENTOR'S					Date:	
	SIGNATURE		ij co			29.46	we 2004
0	RESIDENCE & CITIZENSHIP	Rixensart		STATE OR FOREIGN O	COUNTRY	COUNTRY OF CITIZENSH BE	IIP
	POST OFFICE	POST OFFICE ADDRE		CITY		STATE & ZIP CODE/COUN	
4	ADDRESS	GlaxoSmithKl	ine	King of Prussia	1	Pennsylvania 194	06, US

709 Swedeland Road